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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

1477-002-US

Brown, Alan H.

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Nam d Inv ntor

PATENT APPLICATION		COMPLETE IF KNOWN		
(37 CFR 1	Application Number	60/499414		
Declaration Declaration		Filing Date	1	1/17/2003
Submitted OR	Submitted OR Submitted after Initial			
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name		
As the below named inventor, I he	reby declare that:			
My residence, mailing address, and o	citizenship are as stated below	v next to my name.		
I believe I am the original and first inv	entor of the subject matter wh	nich is claimed and for which	ch a patent is soug	ht on the invention entitled:
Healthcare Information	Apparatus and Meth	od		
	(Title of the Inv	vention)		
the specification of which				
is attached hereto				
OR				
was filed on (MM/DD/YYYY) 10/20/2003 as United States Application Number or PCT International				
pplication Number 60/499414 and was amended on (MM/DD/YYYY) (if applicable).			(if applicable).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose inf applications, material information whi international filing date of the continua	ch became available between	patentability as defined in the filing date of the prior	37 CFR 1.56, inclu application and the	ding for continuation-in-part e national or PCT
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application nu	mbers are listed on a supplen	nental priority data sheet F	TO/SB/02B attach	ed hereto:

PTO/SB/01 (10-01)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nu or Bar Code			spondence address below	
	РАТ	32301 ENT TRADEMARK OFFICE		
Name		ENT TRADEMARK OFFICE		
Address				
City		State	ZIP	
Country	Telephone		Fax	
I hereby declare that all statements made herein of r are believed to be true; and further that these states made are punishable by fine or imprisonment, or bot validity of the application or any patent issued thereor	ments were made wi h, under 18 U.S.C. 1	th the knowledge that willful false	e statements and the like so	
NAME OF SOLE OR FIRST INVENTOR :	A petition	has been filed for this unsig	gned inventor	
Given Name Alan H. (first and middle [if any])	Brown Family Name or Surname			
Inventor's Signature			11/14/03 Date	
Tarzana	CA	USA	US	
Residence: City	State	Country	Citizenship	
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Tarzana	CA	91356	USA	
City	State	ZIP	Country	
NAME OF SECOND INVENTOR:	A petition ha	as been filed for this unsign	ed inventor	
Given Name Marc G. (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date 11/14/03	
San Diego Residence: City	CA State	USA Country	US Citizenship	
4204 Bayard Street				
Mailing Address				
San Diego	CA	92109	US	
City	State	ZIP	Country	
Additional inventors are being named on the	supplemental Addit	ional Inventor(s) sheet(s) PTO/SE	2/02A attached basets	

PTO/SB/02A (10-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if an	y:			A petition has been fi	iled for th	nis unsigned inventor
Stephen A Given Name				Settlag mily Name Surname	e	
Inventor's Signature		AT.				Date ((-/4-03)
11335 Magnolia Boulevard, #2a	C/ Sta	· / / I		USA Country		Citizenship
11335 Magnolia Boulevard, #2a Mailing Address		·				
Mailing Address						-
_{city} North Hollywood	CA Sta	\ te	91 Z I	1601 IP	USA Countr	у
Name of Additional Joint Inventor, if an	y:	[A petition has been file	ed for thi	s unsigned inventor
Given Name				amily Name r Surname		
Inventor's Signature Date						
Residence: City	Sta	ate	C	ountry		Citizenship
Mailing Address						
Mailing Address					.	
City	Sta	ate	Z	ZIP	Countr	у
Name of Additional Joint Inventor, if an	y:			petition has been file	d for this	unsigned inventor
Given Family Name Name or Surname						
Inventor's Signature Date						
Residence: City State		te	Country		Citizenship	
Mailing Address						
Mailing Address						
City	Stat	e		ZIP	Co	ountry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DE	CCLARATION
	on is of the following type: plicable item below)
[] na [] div [] co [] co	
INVENTORS	SHIP IDENTIFICATION
I believe that I original, first a	post office address and citizenship are as stated below, next to my name. am the original, first and sole inventor (if only one name is listed below) or an and joint inventor (if plural names are listed below) of the subject matter that is for which a patent is sought on the invention entitled:
	Healthcare Information Apparatus and Method
the specification	on of which:
(a) (b)	[X] is attached hereto. [] was filed on, as [] Serial No/ or [] and was amended on (if applicable)
(c)	[] was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

	PR	\mathbf{OI}	RI	TY	CL	AIM
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(35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. (complete (d) or (e))

(d) (e)	[X] no such applications [] such applications ha		J.	
PR	LIOR FOREIGN/PCT API (6 MONTHS FOR DE AND ANY PRIORITY	SIGN) PRIOR TO THE	S APPLICATI	ON
COUNTRY	APPLICATION NO. (OR INDICATE IF PCT)	DATE OF FILING (day, month, year)	PRIORITY UNDER 37	
			[] YES	NO []
	·		[] YES	NO[]
CL	AIM EOD DENIEUT OF D	DDIOD II C DDOVIGIO		

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE
60/499,414	August 29, 2003
1	

Attorney's Docket No. 1477-002-US PATENT APPLICATION

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

[]The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN PART (C-I-P) APPLICATION.

ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jessica S. Mitchell, Reg. No. 54,317

SEND CORRESPONDENCE TO:

Jessica S. Mitchell, Esq. BKF Jurgensen 800 Silverado Street, 2nd Floor La Jolla, CA 92037 jmitchell@bkflaw.com

DIRECT TELEPHONE CALLS TO:

Jessica S. Mitchell, Esq. 858-551-2440 x334 (Office) 858-551-2434 (Fax)

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: Alan H. Brow	wn
Inventor's signature:	Date: 11/14/03
Country of Citizenship: USA	
Country of Residence: LSA	
Post Office Address: 4500 La Barca Place	
Tarzana, CA 91356	
Full name of second joint inventor: Marc G. La	wson
Inventor's signature:	Date: ///19/0ン
Country of Citizenship: US 2	<i></i>
Country of Residence:	
Post Office Address: 4204 Bayard Street	
San Diego, CA 92109	

Attorney's Docket No. 1477-002-US PATENT APPLICATION

Full name of third joint inventor: Stephen A. Settlage

Inventor's signature: v

Country of Citizenship:

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North Hollywood, CA 91601

[X] This declaration ends with this page.